Senate Health and Welfare Committee
Testimony on S.43
February 13, 2019

Good morning Chair Lyons and committee members. Thank you for allowing me to testify in support of removing prior authorization and high cost pricing of Medication Assisted Treatment (MAT). My name is Deborah Wachtel and I am a nurse practitioner providing treatment – both primary care and MAT – for patients struggling with and recovering from opioid use disorder. I started a spoke practice at Appletree Bay Primary Care 2 years ago and my patient panel grows every week. Working so closely with and bearing witness to people suffering from this chronic relapsing disease of the brain has taught me a great deal about compassion and the devastation that lies in the wake of this epidemic. It is difficult to find someone who has not been touched by this disease.

You have already heard from my MAT colleagues regarding the successes we have seen in Vermont due to increased availability of providers and MAT teams in the nationally known Hub and Spoke system of care. I also know as a MAT provider that prior authorization (PA) of medications that are evidence-based to save peoples' lives is a waste of time and limited resources for a stretched and struggling workforce. The MAT teams in Chittenden County have lost social support workers and RNs who are not being replaced, further hampering resources needed for face-to-face patient care. In my own personal experience, every prior authorization I have requested has been approved, begging the question: why make providers and patients jump through this hoop in the first place. It is also important for you to know that providers of buprenorphine for treatment of addiction requires an additional 24 hours of continuing education for NPs and PAs and an additional 8 hours of continuing education for physicians - hours spent building knowledge about buprenorphine induction and dose adjustments.

I would like to offer a few examples of research that demonstrate the barriers created by requiring prior authorization of buprenorphine.

A 2019 study of the impact of PA on buprenorphine availability demonstrated the proportion of programs offering buprenorphine was 43.2% in states that did not impose any utilization restrictions, 25.5% in states that imposed only annual limits, 17.3% in states that imposed only prior authorization, and 12.8% in states that imposed both. Programs in states requiring prior authorization from Medicaid had substantially lower odds of offering buprenorphine[1].

The Green Mountain Care Board Prior Authorization Pilot Summary (2013-2016) demonstrated that costs for certain drugs would not increase by removing prior authorization. I can furnish this committee with several other studies that demonstrate the ineffective practice of prior authorization upon request.

I want to be clear that prior authorization is not the only barrier to treatment for those suffering with opioid use disorder. Blue Cross Blue Shield of Vermont recently initiated a pilot project for patients receiving services from MAT teams covering UVMMC affiliated practices. BCBS covered patients will be charged an additional monthly fee averaging $175 for MAT services,

[1] https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304856

not including the cost of their medication. This is in addition to their monthly insurance premiums. Patients in recovery are struggling to keep their lights on, keep gas in the car and put food on the table for their families. This additional fee adds an enormous burden for people struggling with food and housing insecurity. Every barrier to care makes it more likely they will end up in crisis. If patients are faced with the prospect of paying this additional charge, they may choose to procure buprenorphine from someone other than a qualified health professional (off the streets), putting them at further risk of relapse and overdose.

Let me put this simply. Medication Assisted Treatment for Opioid Use Disorder saves lives. Providers have the information and training necessary to make their own determination about when MAT is appropriate. Prior authorization stands in the way of patient care when time is of the essence. When a patient is in my care, it is absolutely wrong to make them wait while insurance companies decide whether or not they should receive treatment. We are facing a crisis of unprecedented proportions. We must work together to remove barriers to care.

I have reviewed the language that was presented by the Vermont Medical Society and Blue Cross Blue Shield of Vermont yesterday. I still strongly support the bill as introduced because I believe it firmly places providers, not insurance companies, in the position of determining what the most appropriate treatment is for a patient in crisis. However, I do appreciate that there is agreement on that language and am supportive of any incremental steps that the state of Vermont can take to remove barriers to treatment in this area.

As Katie Whitaker stated in her testimony – the more accessible we make MAT services, the more patients we will get into and keep in treatment, the fewer overdose deaths and deaths from secondary complications of opioid use disorder we will witness in our communities.

I urge you to support S.43. Thank you.

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